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DEPT FOR S/OFFICE OF GLOBAL AIDS COORDINATOR
STATE PLEASE PASS TO USAID FOR GLOBAL BUREAU APETERSON
USAID ALSO FOR GH/OHA/CCARRINO AND RROGERS, AFR/SD/DOTT
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HHS FOR THE OFFICE OF THE SECRETARY, WSTEIGER AND NIH, HFRANCIS
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SUBJECT: SOUTH AFRICA PUBLIC HEALTH APRIL 15 ISSUE

Summary

[1](#) Summary. Every two weeks, USEmbassy Pretoria publishes a public health newsletter highlighting South African health issues based on press reports and studies of South African researchers. Comments and analysis do not necessarily reflect the opinion of the U.S. Government. Topics of this week's newsletter cover: South African Teacher Shortage Blamed on Health, Low Pay and Morale; New AIDS Assistance Program for Teachers Launched; HIV Risk Exposure among Young Highlighted; Anti-clotting Drugs Cheaper than Conventional Treatment; South African Teen Alcoholism Increases; AIDS Treatment Centers Open in all Health Districts; KZN Health Department Faces Increasing Financial Burden; High Cost of Death Burden for Poor. End Summary.

South African Teacher Shortage Blamed on Health, Low Pay and Morale

[2](#) A national survey of South African teachers confirmed anecdotal reports that teachers have been leaving the profession due to low morale, job dissatisfaction and poor health. Commissioned by the Education Labor Relations Council (ELRC), the two-year study consists of seven reports about the impact of HIV/AIDS on Education, done by the Human Sciences Research Council (HSRC), the Medical Research Council, and the University of KwaZulu-Natal's Mobile Task Team. The study surveyed 21,358 teachers in more than 1,700 randomly selected schools. In 2003/04, there were 368,548 public-school teachers.

[3](#) More than half the country's teachers intend leaving the profession. And as low morale, job dissatisfaction, HIV/AIDS and premature mortality impact public schools, the number of teachers has declined over the past seven years. By 2002/03, 21,000 teachers (about 6 percent) were leaving the system annually. Of 55 percent of the respondents who intended to leave the profession, 25 percent considered leaving "from time to time" and nearly 30 percent considered it "very often". Likeliest to leave, the study found, are non-Africans, men, secondary school teachers, those aged between 25 and 49, the best-qualified teachers, those in the medium- to high-income group, and teachers of technology, economics and management, and natural sciences. HIV-negative teachers are more likely than HIV-positive employees to want to leave. Reasons teachers gave for wanting to quit were inadequate remuneration, increased workload, lack of career development and professional recognition, dissatisfaction with work policies, job insecurity, violence in schools and lack of choice about where they work.

[4](#) The study measured the impact of HIV/AIDS using a nationally representative sample of 17,088 teachers who gave an oral fluid or blood specimen for testing. Nearly 13 percent tested positive and 4,000 teachers died of AIDS in 2004. HIV prevalence is highest (21 percent) among 25- to 34-year-olds, followed by 35- to 44-year-olds (13 percent tested positive). More than a fifth (22 percent) of the HIV-positive group, approximately 10,000 teachers, need immediate anti-retroviral therapy. If the minimum CD4 count increased from 200 to the international standard of 350 to qualify for anti-retroviral treatment, approximately 23,500 teachers would be eligible for treatment. However, teachers' overall health status was poor, with more than 10.6 percent having been hospitalized during the 2003 compared to 7 percent of the general population. The most frequently reported illnesses were high blood pressure and stomach ulcers, implying that stress has a leading role in keeping teachers out of the classroom. The study found the teacher attrition rate had declined from 9.3 percent in 1997-98 to 5.5 percent in 2000-01, before rising again to 5.9 percent in 2002-03. Attrition due to mortality increased to 17.7 percent in 2003-04 compared to 7 percent in 1997-98 and attrition due to illness grew to 8.7 percent compared to 4.6 percent over the same period, reflecting the impact of

HIV/AIDS.

15. In order to reduce teacher shortages, especially in poor provinces and rural areas, the study recommends the following actions: (1) restructure remuneration packages, reduce workloads and manage teachers' job stress; (2) improve resources for poorer schools, especially African schools; (3) provide psychosocial support for teachers; (4) introduce a comprehensive workplace health-care program; and (5) implement HIV/AIDS-prevention and anti-retroviral programs for teachers. Source: Pretoria News, Business Day, Health E-News, April 1; Mail & Guardian, April 1-7.

New AIDS Assistance Program for Teachers Launched

16. Eight South African and U.S. non-governmental organizations began a new Prevention, Care and Treatment Access (PCTA) program aimed at South African teachers. Its targets include providing anti-retroviral treatment to 1,000 infected teachers and their family members, access to care, counseling and testing for 150,000 teachers and families. The PCTA program includes four South African teacher unions, the Solidarity Center, the American Federation of Teachers' Educational Foundation, the Tshepang Trust and the Academy for Educational Development. The President's Emergency Plan for AIDS Relief is also providing \$3.8 million for the two-year program. Source: The Citizen, April 7.

HIV Risk Exposure among Young Highlighted

17. The Nelson Mandela Foundation released a study "HIV Risk Exposure among Young Children: A study of 2-9 Year Olds", found that breastfeeding of babies by a non-biological HIV-positive caregiver was the single most important factor associated with HIV infection in children and there is a potential for health-care acquired transmission of HIV in the maternity, pediatric, and dental facilities in the Free State health institutions. The study, conducted by the Human Sciences Research Council (HSRC), the University of Stellenbosch, the Medical Research Council and the Centre for Aids Development, Research and Evaluation, aimed to identify all other possible sources of HIV transmission, besides mother-to-child transmission, among children aged 2 to 9 in the Free State public health sector. More than 4,000 mother-and-child pairs took part in the study which involved 25 public hospitals, three community health centers and 54 primary health care clinics between April and July of 2004. Almost 15 percent of the children in the study were HIV-positive, while just over 29 percent of mothers were infected with the virus. Researchers sampled expressed breast milk destined for baby feeding at the health facilities and found that almost 30 percent of the milk tested positive for HIV, while six samples contained high viral loads. Ninety-two percent of HIV-positive mothers breastfed their children - 60 percent of them for more than a year. The study also found that children were being exposed to possible HIV infection because of poor infection controls at the facilities. Healthcare workers were also not taking the necessary precautions, with the study finding that 44 percent of nurses did not use gloves during the delivery of babies. The study also found risks in hospitals in the management of expressed breast milk, where bottles were labeled by cot numbers, not the name of the baby, and seldom checked, which allowed milk to be fed to the wrong baby if the cot was moved. Findings included that 24.6 percent of dental instruments ready to be used in patients' mouths, and 24 percent of instruments to be used for maternity and pediatric patients were contaminated with invisible blood, and 17.5 percent had visible blood on them. Recommendations included discouraging prolonged breastfeeding, better control of expressed milk and a campaign to educate patients to demand better hygiene practices by health workers. Source: The Citizen, Health E-News, April 4; Business Day, April 6.

Anti-clotting Drugs Cheaper than Conventional Treatment

18. According to a medical research company, Health Monitor, anti-platelet drugs for sufferers of arterial disease are cheaper than bypass surgery or treatment after heart attacks and strokes. The research, requested by medical insurance companies, funded by pharmaceutical group Sanofi Aventis and conducted by independent South African medical researcher Health Monitor Company, found that new-generation anti-platelet drugs, which prevent excessive clotting in patients at heightened risk of suffering a "coronary event", increase lifespan and cost less than conventional hospital treatment in both the short and long term. More than 8,000 insured patients who had suffered conditions such as unstable angina, heart bypass surgery, heart attack or stroke, and were at increased risk of experiencing more, were included in the year-long study. The study compared the cost of treating patients on anti-platelet therapy with those who were not and suffered subsequent strokes and heart attacks or who needed bypass surgery. These costs included initial and follow-up

hospitalization, medication and further treatment for recurring and related events. Health Monitor Company's Dr Tienie Stander, who will present the findings at the 2nd South African Atherothrombosis Summit, cites the benefits of administering these new drugs, not only for patients who will gain extended life years but to medical insurers who will pay lower costs. Source: Business Day, April 5.

South African Teen Alcoholism Increases

9. Research by the Medical Research Council in 2002 showed that nationally, 49.1 percent of pupils had drunk one or more drinks of alcohol in their lifetime and almost one in eight pupils had drunk their first drink of alcohol before the age of 13 years. The research found that 23 percent of pupils had drunk five or more drinks of alcohol within a few hours on one or more days in the research month. Claire Savage of South African National Council on Alcoholism and Drug Abuse (SANCA), said earlier MRC research conducted in the 1990s indicated that in certain areas 20 to 25 percent of high school males and about 15 percent of females were binge drinking at least once every two weeks. On average, South Africans drink 20 liters of alcohol each year - a statistic that puts them among the worlds' biggest drinkers. The average South African consumes the equivalent of several hundred bottles of beer every year, and with that comes the "extremely high" burden of alcohol-related death and trauma, record levels of fetal alcohol syndrome, and greater risk of contracting HIV and AIDS, says Professor Charles Parry, addiction specialist and director of the Medical Research Council's alcohol and drug abuse research unit. About one in four South African men and one in 10 women displayed symptoms of alcohol problems and almost one in four high school pupils reported "binge-drinking" during the past month - five or more drinks on any given day. Just less than half of all non-natural deaths in 2002 involved blood-alcohol concentrations equal to or more than 0.05g/100ml (the legal driving limit), and up to two-thirds of all cases tested annually at trauma units in three South African cities between 1999 and 2001 showed breath-alcohol concentrations above that level. Levels of fetal alcohol syndrome are the highest yet recorded. The prevalence of the syndrome among Grade 1 students in the Western Cape was 41 to 46 per 1,000 children in 1997, rising to 65 to 74 per 1,000 two years later. Almost one in five AIDS patients at a large infectious disease clinic in Cape Town in 2003 met criteria for an alcohol-use disorder. Source: Cape Argus, April 5; Pretoria News, April 6.

AIDS Treatment Centers Open in all Health Districts

10. As of March 31 2004 (the end of 2004 financial year), all 53 health districts have a AIDS treatment center, completing one of the Department of Health's target objectives in its Comprehensive Plan for Management, Care and Treatment of HIV and AIDS. 250 laboratories and three centers have been established to monitor any adverse reaction to anti-retroviral treatment. More than 1,060 health professionals now work on the comprehensive plan and 7,600 health personnel have been trained to treat AIDS patients. An accreditation process evaluates the capacity of health facilities, including effective screening, diagnosis, treatment and monitoring of HIV/AIDS patients. Through the accreditation process, the Health Department has identified challenges to the health system: shortage of health personnel, especially doctors, pharmacists and dietitians; delays in obtaining laboratory results; and lack of safe medicine storage and training in AIDS-related treatment. Source: Pretoria News, April 5.

KZN Health Department Faces Increasing Financial Burden

11. The influx of people from Lesotho, Mozambique and Swaziland into the province's health institutions along the border has overstretched the provincial health department. Cross-border patients seeking better medical treatment are costing the KwaZulu-Natal Health Department at least R149 million (\$24 million using 6.1 rands per dollar) monthly. Prof Ronald Green-Thompson, the KZN Superintendent-General, said that due to financial constraints, the province only had 400 ambulances instead of the required full fleet of 1,000. In some instances, the KZN Health Department rented military helicopters for use as ambulances to reach remote communities, costing more than R60,000 a day. Provincial hospitals were flooded not only by foreigners, but also by people from nearby provinces such as the Eastern Cape and Mpumalanga. Provincial security costs have declined since the Department spent more than R10 million in putting electronic security systems and trackers into ambulances, and incidents of hijacking have fallen. Before the ambulances were fitted with the new security system, KwaZulu-Natal lost 59 vehicles to hijacking and 47 to theft. Six ambulances were hijacked in 2003 alone. Source: Daily News April 7.

High Cost of Death Burden to Poor

12. The Financial Diaries project, South Africa's first comprehensive look at the financial lives of poor families highlights the increasing economic toll that death of relatives places on their savings. Financial Diaries fieldworkers interviewed 160 poor households in various townships in the Western Cape Province every two weeks for one year, recording savings transactions and determining how income gets spent. Financial Diaries research shows people being constantly asked for substantial amounts of money for the funerals of distant relatives. Eighty percent of rural households in the sample contributed at least twice during the year-long study. In the urban areas, people aren't asked to help out with funeral money as often but they are asked for larger contributions, interrupting their cash flow and savings plans. South Africa's Financial Diaries research indicates that 60 percent of the cost of funeral expenses is spent to feed mourners, with the result that burial societies (an insurance system to pay for the cost of funerals) are specialized, with one covering undertaker costs and another providing food. Many of the poor participants in the study put aside money into at least one burial society because they were concerned about the impact their own death would have on the family's already-stressed finances. Nicoli Nattrass, of the AIDS and Society Research Unit (ASRU), is convinced that deaths from the AIDS epidemic are slicing increasingly deeply into the limited finances of poverty-stricken households. Source: All-africa.com, Inter-Press Service, April 8.

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